Privacy - MODEL Facility Policy

POLICY NAME: Uses and Disclosures of Protected Health Information for Involvement in the Patient’s Care and Notification Purposes

DATE: (facility to insert date here)

NUMBER: (facility to insert number here)

Purpose: To facilitate compliance with the Health Insurance Portability and Accountability Act (HIPAA) Standards for Privacy of Individually Identifiable Health Information (Privacy Standards), 45 CFR Parts 160 and 164, Administrative Requirements, and the Health Information Technology for Economic and Clinical Health Act (HITECH) component of the American Recovery and Reinvestment Act (ARRA). To establish guidelines for the use and disclosure of protected health information (PHI), excluding information available in the facility directory, to members of a patient’s family, significant others, and friends for patient care and notification purposes, and to a public or private entity authorized by law or by its charter for disaster relief purposes. Each workforce member is responsible for adhering to this policy by verifying that the requesting individuals have the patient’s password prior to disclosing the patient’s PHI unless otherwise permitted.

Policy: If the patient is present for or otherwise available prior to the use or disclosure and has the capacity to make health care decisions, workforce members with access to PHI may use or disclose the PHI (1) to members of a patient’s family, significant others, and friends for patient care purposes (2) to notify, or assist in the notification of (including identifying or locating), a family member, a personal representative of the patient, or another person responsible for the care of the patient of the patient’s location, general condition, or death, or (3) to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purposes of coordinating with such entities the permitted uses and disclosures if one of the following has occurred:

(i) The patient has agreed;

(ii) The patient was provided with the opportunity to object to the disclosure and did not; or

(iii) It was inferred from the circumstances, based on the exercise of professional judgment that the patient did not object.

If the patient is not present, or the opportunity to agree or object to the use or disclosure cannot practicably be provided because of the patient’s incapacity or an emergency circumstance, the workforce members with access to PHI may, in the exercise of professional judgment, determine whether the disclosure is in the best interests of the patient and, if so, disclose only the PHI that is directly relevant to the disaster relief purposes or to the person’s involvement with the patient’s health care. A workforce member with access to PHI may use professional judgment and experience to make reasonable inferences of the patient’s best interest in allowing a person to act on behalf of the patient to pick up prescriptions, medical supplies, X-rays, or other similar forms of PHI.

9/23/2013

Attachment to IP.PRI.001
If the individual is deceased, workforce members may disclose the decedent’s PHI to family members and others who were involved in the care or payment for care of the decedent prior to death, unless doing so is inconsistent with any prior expressed preference of the individual that is known to the covered entity.

For disaster relief purposes, the above requirements apply to the extent that the workforce member, in the exercise of professional judgment, determines that the requirements do not interfere with the ability to respond to the emergency circumstance.

Workforce members with access to PHI may disclose to a patient’s immediate family member, other relative, or a close personal friend of the patient, or any other person to whom the patient has given his or her password, the PHI directly relevant to such person’s involvement with the patient’s care or payment related to the patient’s health care. This policy does not apply to information available in the facility directory.

**Workforce members should not assume the patient has agreed to have PHI verbally shared in front of their family members, friends or other visitors just because the patient did not request these individuals to leave when the workforce member began speaking.**

Refer to the HIPAA Privacy Standards, 45 CFR Parts 160.101 and 164.501, and IP.PRI.001, the Patient Privacy Program Requirements Policy, for definitions.

**Procedure:**
1. The registration staff will obtain a patients’ consent for the use and disclosure of the patient’s PHI to family members or personal friends. This information will be documented on the Conditions of Admission and Authorization for Medical Treatment form.

2. The Conditions of Admission and Authorization for Medical Treatment form will read:

   “I authorize my healthcare information to be disclosed for purposes of communicating results, findings, and care decisions to my family members and others responsible for my care or designated by me. I will provide those individuals with a password or other verification means specified by the hospital.”

3. Prior to the disclosure of PHI to the patient’s family, significant others, and friends for patient care purposes, the individual requesting a patient’s PHI must give the patient’s password, consisting of the last four (4) digits of the patient’s account number, to the workforce member with the PHI.

4. To ensure the patient’s true wishes are expressed, this permission should be discussed privately between the patient and the workforce member with access to disclose PHI, whenever possible.
5. If the patient is not present, or the opportunity to agree or object to the use or disclosure cannot practicably be provided because of the patient’s incapacity or an emergency circumstance, professional judgment should be used to determine whether the disclosure is in the best interests of the patient and, if so, disclose only the PHI that is directly relevant to the disaster relief purposes or the person’s involvement with the patient’s health care.

6. If the individual is deceased, workforce members may disclose the decedent’s PHI to family members and others who were involved in the care or payment for care of the decedent prior to death, unless doing so is inconsistent with any prior expressed preference of the individual that is known to the covered entity.

7. For disclosures for disaster relief purposes, the requirements provided above apply unless a workforce member with access to PHI has used professional judgment and experience and determines that the requirements interfere with the ability to respond to the emergency circumstances.

8. A workforce member with access to PHI may use professional judgment and experience to make reasonable inferences of the patient’s best interest in allowing a person to act on behalf of the patient to receive information on patient status as relevant to that person’s involvement in the patient care. This release of PHI does not need to be documented or tracked.

9. Revocation
   a. If a patient feels his or her password has been breached and he or she wants to assign a new password, the patient should complete the attached change form.
   b. The patient will need to pick a four-digit passcode and give the change form to the appropriate person.
   c. Paper record needs to be updated and appropriate staff notified.

10. Defer to existing facility policies and procedures for release of directory information, designated health care surrogates, emancipated minors, minors and incapacitated patients. This policy overrides the Opt Out of the Directory as it relates to giving out information about a specific patient. If a family member or friend has the Passcode, information can be shared.

References:
Patient Privacy Program Requirements Policy, IP.PRI.001
Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information 45 CFR Part 164, Section: §164.510(b)
Facility Directory Policy
American Reinvestment and Recovery Act of 2009, Title XIII, Subtitle D
PATIENT INFORMATION PASSCODE

We are committed to providing quality care that is sensitive, compassionate, promptly delivered, and cost effective, as reflected in the HCA Commitment to Our Patients. The privacy of patient information is second only in importance to patient care itself. In order to better protect your privacy, we are assigning a four-digit passcode for you to give to the family members and friends whom you would like us to share your personal health information.

The family member or friend seeking information will need to provide this passcode to the nurse or other workforce member that they are speaking with, in order to receive any information other than general condition. This passcode will serve as your authorization to disclose your personal health information for purposes such as communicating results, findings, and care decisions to family members and friends.

The facility is not responsible for the distribution of this passcode and will assume that the patient is taking reasonable measures to protect the passcode given to them.

YOUR PATIENT PASSCODE IS:

__________________________________________________________________

If you have any questions regarding your privacy as a patient, please contact the Facility Privacy Official at ____________.
USES AND DISCLOSURES FOR CARE PURPOSES
PATIENT PASSCODE CHANGE FORM

This form should be used only to change the currently active patient passcode used to disclose protected health information to a patient’s immediate family member, other relative, or a close personal friend of the patient, or any other person to whom the patient has given his or her password. It is the patient’s responsibility to update family and friends of change. This policy does not apply to information available in the facility directory.

Note: Releases that have already been made with the prior code are not applicable under this form.

Allow appropriate time for all personnel to be informed.

Patient name:

Account number:

Date Requested:

Previous 4-digit Passcode:

New 4-digit Passcode:

I understand that my personal health information will be given to all persons that call and provide the above passcode.

Patient Signature or Patient’s Personal Representative:
Date:

Routing Instructions:
Please deliver completed form to the Facility Privacy Official (FPO). The requester will receive confirmation of the change request from the FPO by the next business day.